

# LSUS DEPARTMENTAL DEPOSIT FORM

<b>DATE:</b>
<b>DEPARTMENT:</b>
<b>ACCOUNT NAME:</b>
<b>ACCOUNT NUMBER:</b>
<b>SOURCE OF FUNDS:</b>
<b>PURPOSE OF FUNDS:</b>

<b>CASH</b>	
<b>CHECKS</b>	
<b>CREDIT CARDS</b>	
<b>TOTAL</b>	<b>\$</b>

**PLEASE BRING THIS DEPOSIT TO THE CASHIER  
IN ROOM 129 OF THE ADMINISTRATION BUILDING**

**IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL (318) 795-4228.**